

MEQUON HEALTHCARE CENTER

10911 NORTH PORT WASHINGTON ROAD

MEQUON 53092 Phone: (262) 241-2080

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 162

Total Licensed Bed Capacity (12/31/02): 204

Number of Residents on 12/31/02: 141

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Limited Liability Company

Skilled

No

Yes

Yes

144

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44.0		
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	31.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.9	More Than 4 Years	24.8		
Day Services	No	Mental Illness (Org./Psy)	31.2	65 - 74	9.9	-----	-----		
Respite Care	No	Mental Illness (Other)	0.7	75 - 84	36.9		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	4.3	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.7	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	5.7		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	9.9	65 & Over	85.1	-----			
Transportation	No	Cerebrovascular	10.6	-----	-----	RNs	9.5		
Referral Service	No	Diabetes	4.3	Sex	%	LPNs	10.9		
Other Services	Yes	Respiratory	7.1	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	28.4	Male	29.8	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	70.2	41.8			
Provide Day Programming for		100.0	100.0	-----	-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care					
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Level of Care	No.	%	Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Per Diem (\$)		Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	20.0	477	1
Skilled Care	30	100.0	360		67	77.9	117	0	0.0	0	19	95.0	180	0	0.0	0	119	84.4
Intermediate	---	---	---		12	14.0	96	0	0.0	0	1	5.0	180	0	0.0	0	13	9.2
Limited Care	---	---	---		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		7	8.1	550	0	0.0	0	0	0.0	0	1	20.0	584	8	5.7
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	30	100.0			86	100.0		0	0.0		20	100.0		0	0.0		141	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

		% Needing Assistance of			Total	
Percent Admissions from:		Activities of	%	One Or Two Staff	% Totally Dependent	Number of Residents
Private Home/No Home Health	3.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.6	Bathing	1.4	70.2	28.4	141
Other Nursing Homes	1.4	Dressing	2.1	69.5	28.4	141
Acute Care Hospitals	93.5	Transferring	11.3	67.4	21.3	141
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	9.2	65.2	25.5	141
Rehabilitation Hospitals	0.3	Eating	21.3	67.4	11.3	141
Other Locations	0.8	*****				
Total Number of Admissions	356	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.2	Receiving Respiratory Care	7.8	
Private Home/No Home Health	30.6	Occ/Freq. Incontinent of Bladder	31.9	Receiving Tracheostomy Care	1.4	
Private Home/With Home Health	21.5	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning	2.8	
Other Nursing Homes	7.9			Receiving Ostomy Care	4.3	
Acute Care Hospitals	16.4	Mobility		Receiving Tube Feeding	5.7	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	27.0	
Rehabilitation Hospitals	0.3					
Other Locations	8.2	Skin Care		Other Resident Characteristics		
Deaths	15.0	With Pressure Sores	11.3	Have Advance Directives	96.5	
Total Number of Discharges		With Rashes	2.8	Medications		
(Including Deaths)	353			Receiving Psychoactive Drugs	46.1	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 200+		Licensure: Skilled		All	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.1	81.9	0.86	80.4	0.87	84.2	0.83	85.1	0.82
Current Residents from In-County	41.1	83.1	0.50	83.5	0.49	85.3	0.48	76.6	0.54
Admissions from In-County, Still Residing	7.6	18.8	0.40	25.1	0.30	21.0	0.36	20.3	0.37
Admissions/Average Daily Census	247.2	182.0	1.36	101.8	2.43	153.9	1.61	133.4	1.85
Discharges/Average Daily Census	245.1	180.8	1.36	107.7	2.28	156.0	1.57	135.3	1.81
Discharges To Private Residence/Average Daily Census	127.8	69.3	1.85	34.2	3.73	56.3	2.27	56.6	2.26
Residents Receiving Skilled Care	85.1	93.0	0.92	89.6	0.95	91.6	0.93	86.3	0.99
Residents Aged 65 and Older	85.1	87.1	0.98	90.9	0.94	91.5	0.93	87.7	0.97
Title 19 (Medicaid) Funded Residents	61.0	66.2	0.92	68.5	0.89	60.8	1.00	67.5	0.90
Private Pay Funded Residents	14.2	13.9	1.02	18.7	0.76	23.4	0.61	21.0	0.67
Developmentally Disabled Residents	0.0	1.0	0.00	0.7	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	31.9	30.2	1.06	38.5	0.83	32.8	0.97	33.3	0.96
General Medical Service Residents	28.4	23.4	1.21	16.9	1.68	23.3	1.22	20.5	1.38
Impaired ADL (Mean)	57.2	51.7	1.11	52.1	1.10	51.0	1.12	49.3	1.16
Psychological Problems	46.1	52.9	0.87	54.1	0.85	53.9	0.85	54.0	0.85
Nursing Care Required (Mean)	7.9	7.2	1.10	7.7	1.02	7.2	1.10	7.2	1.10